



## Occupational and Professional Licensing Administration

### FACT SHEET FOR ATTORNEY-IN-FACT OR GENERAL AGENT

Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Have you ever been arrested or charged with any offense other than parking violations in the District of Columbia or elsewhere? If yes, explain.

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I hereby agree to be the attorney-in-fact/general agent on behalf of \_\_\_\_\_. I further agree to accept services of all notices of any action to be taken with respect to such company.

\_\_\_\_\_  
**Signature**

(SEAL)

NOTARY PUBLIC: \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_

#### **LOCAL AGENT FORM**

THIS DOCUMENT IS TO BE COMPLETED BY THE PERSON ACCEPTING THIS RESPONSIBILITY FOR RECEIVING NOTIFICATIONS, SECURITY RELATED MATERIALS AND ANY BUSINESS RELATED TO THE AGENCY.

THIS PERSON MUST EITHER RESIDE OR PRESENTLY BE EMPLOYED IN THE DISTRICT OF COLUMBIA. (ANSWERING SERVICES AND LAW FIRMS ARE NOT ACCEPTABLE, UNLESS SOMEONE WITHIN THE ORGANIZATION AGREES TO BE THE RESPONSIBLE PERSON.)